



Copies to: Emergency Form  
Office  
Special Needs Supervisor  
Teachers  
Original: Nurse

## SEIZURE DISORDER EMERGENCY ACTION PLAN

Student name \_\_\_\_\_ Program \_\_\_\_\_ DOB \_\_\_\_\_  
 Type of seizure \_\_\_\_\_ Trigger or warning signs \_\_\_\_\_  
 \_\_\_\_\_ Other medical conditions \_\_\_\_\_  
 Age on onset \_\_\_\_\_ Frequency/likelihood of seizure at school \_\_\_\_\_  
 Dr. name/contact \_\_\_\_\_ Medications \_\_\_\_\_

Special instructions, medications or treatment to be administered at school: \_\_\_\_\_

Vagal nerve stimulator: Yes \_\_\_ No \_\_\_ If yes, describe magnet use \_\_\_\_\_

**General principles/information:**

- Call office/333 for assistance.
- Stay with student.
- Provide safety and privacy.
- Clear area and move other students when possible.
- Talk calmly and quietly.
- Be prepared to document details of seizure. Note time of onset, duration, and observations of movements, incontinence, levels of consciousness, recovery time and disposition.
- Fatigue, illness, head injury and failure to take medication may precipitate seizures.
- Call parent/guardian as soon as possible. Most students will need to go home to rest and recover as they are drowsy for a period of time.

**There are 2 common types of seizures: (1) Non-convulsive and (2) Convulsive**

**IF YOU SEE THIS: (Non-Convulsive)**  
 Complex partial/absence/temporal lobe, psychomotor-  
 other names. May have glassy stare, fidget, sit, and  
 stand or walk aimlessly, make lip smacking or chewing  
 motions, appear drunk or drugged/confused.

These are usually brief.

- DO THIS:**
1. Do not try to stop or restrain the person; guiding from behind may help direct.
  2. Try to remove harmful objects from the person's pathway or coax the person away from them.
  3. Do not agitate the person.
  4. When alone, do not approach the person who appears angry or aggressive.
  5. Do not leave them alone as they may be confused or disoriented until they are fully alert.
  6. Allow/provide rest.
  7. Other:

**IF YOU SEE THIS: (Convulsive)**

Grand Mal/tonic clonic: may fall, stiffen or have jerking movement and fall. May be incontinent, unresponsive, have labored breathing with increased secretions in mouth, dilated pupils.

Convulsions usually last several minutes. Confusion & sleepiness persist longer.

**DO THIS:**

1. Help to lying position and put something under the head.
2. **Do not put anything in the mouth.**
3. Do not inhibit movement.
4. Remove glasses or loosen tight clothing.
5. Clear the area.
6. **Do not try to restrain.**
7. AFTER seizure turn to side to allow saliva to drain from mouth. Keep airway open/watch breathing.
8. Rest until they can be awakened and moved to rest area.
9. Other:

**CALL 911 IF:** Convulsive seizure lasts longer than 5 minutes.  
Serious head or other injuries; diabetes.  
One seizure is followed by another.  
Breathing difficulty.  
No previous history of seizure.

Parents please note: This information may be shared with appropriate staff. **If medication is required at school, a Medication Administration Request is required.**

Signature of nurse: \_\_\_\_\_ Date \_\_\_\_\_ Parent: \_\_\_\_\_ Date \_\_\_\_\_

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**SEIZURE REPORT FORM**

Student Name: \_\_\_\_\_ Program \_\_\_\_\_ Date: \_\_\_\_\_

Time of onset:

Activity preceding seizure:

Symptoms observed during seizure (time and type of behavior observed):

Breathing problems or injuries noted:

Duration of seizure:

Recovery time and observations:

Disposition/transport and time:

Medications/treatments given:

Additional notes:

Name of person completing: \_\_\_\_\_

Additional [forms@lcjvs.net](mailto:forms@lcjvs.net) or nurse.  
Revised 2011 MKW

Copy of report to: Nurse  
Parent  
EMT